PART B - FEE(S) TRANSMITTAL

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26021 7	590 12/02	/2009	•				
HOGAN & HAI 1999 AVENUE O SUITE 1400	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's manie)						
LOS ANGELES,							
							(Signature)
							(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		RNEY DOCKET NO.	CONFIRMATION NO.
10/809,965 03/25/2004			Dave S.B. Hoon			89212.0016	7891
TITLE OF INVENTION: DNA MARKERS FOR MANAGEMENT OF CANCER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID IS	SUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	03/02/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CHUNDURU, SURYAPRABHA 1637			435-006000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the same of a single for the page, list 2 Perkins Coie LLP				
The Address form P10/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form P10/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) JOHN WAYNE CANCER INSTITUTE Santa Monica, CA corporation BRET TABACK Santa Monica, CA individual Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) and XX Issue Fee XX Publication Fee (No XX Advance Order - # of	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502386 (enclose an extra copy of this form).						
5. Change in Entity Statu a. Applicant claims	SMALL ENTITY statu	is. See 37 CFR 1.27.				TITY status. See 37 C	
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Authorized Signature	Java JD	шрр	<u> </u>	Date	Mar	ch 2, 2010 65,002	
Typed or printed name	Lara J. D	uéppen	 	Registratio	on No	65,002	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							